

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 05/28/0405/05/04

SUPP

AMENDMENT**1040675**1. NAME Haynie Randy K
Last First MI2. BUSINESS PHONE 225-336-41433. BUSINESS ADDRESS 1465 Ted Dunham Baton Rouge LA 70802
Street and No. City State ZipMAILING ADDRESS P.O. Box 44032 Baton Rouge LA 70804
Street and No. City State Zip4. EMPLOYER Self-employed/Haynie & Associates5. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name ConvergysAddress 201 East 4th Street, 102-1870, Cincinnati, OH 45202Business or purpose Communications, Technology, Employee Care☒ New RepresentationDoes this person pay you? NoIf No, who pays you? National Strategies, Inc.☐ Terminated Representation as of _____

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SCANNED

MAY 14 2004

By: WR

1040675

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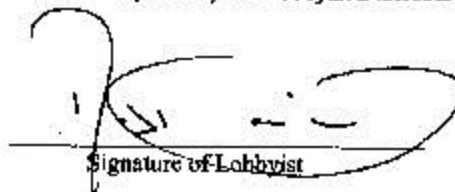


2. Name National Strategies, Inc.
Address 1101 Pennsylvania Avenue, N.W., Suite 700, Washington, D.C. 20004
Business or purpose Public Affairs
☒ New Representation
Does this person pay you? yes
If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist